



Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

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|--|---------------------------------------|
| Requestor's Name and Address: NISAL CORP P.O. BOX 24890 HOUSTON, TX 77229 | MFDR Tracking #: M4-10-1822-01 |
| Respondent Name and Box #: 19 NEW HAMPSHIRE INSURANCE CO | |

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary: "Claim is being denied by carrier as non-compensable. The carrier is disputing the liability of the claim or compensation of the injury. Final adjudication has not taken place. The request for reconsideration and this MDR are being filed in order to comply with the requirements of RULE § 133.250(B) and RULE § 133.305. Once compensability issues have been resolved all benefits should be paid based on following rule. According to TDI/DWC rule, section 408.021. Entitlement to medical benefits is as follows: (a) An employee who sustains a compensable injury is entitled to all health care reasonably required by the nature of the injury as and when needed. The employee is specifically entitled to health care that: (1) cures or relieves the effects naturally resulting from the compensable injury; (2) promotes recovery; or (3) enhances the ability of the employee to return to or retain employment".

Principle Documentation:

1. DWC060
2. Medical Bill(s)
3. EOB(s)
4. Medical Reports
5. Total Amount Sought \$150.00

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary: "AIG has reviewed the Medical Fee Dispute Resolution Request/Response (DWC-60). In reviewing the report, it is the carrier's position that per the attached Contested Case Hearing held on February 25, 2009 and Appeals Panel Decision dated May 26, 2009, this claim has been adjudicated as non-compensable. Therefore the carrier is not liable for any medical and/or indemnity payments on this claim."

Principle Documentation:

1. DWC060

PART IV: SUMMARY OF FINDINGS

| Date(s) of Service | Denial Code(s) | Disputed Service | Amount in Dispute | Amount Due |
|--------------------|----------------|------------------|-------------------|------------|
| 3/10/09 | A1 | 99362-CA | \$150.00 | \$0.00 |
| Total Due: | | | | \$0.00 |

PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION

1. These services were denied by the Respondent with reason codes A1 –Claim/service denied.
2. Provider billed for services rendered with diagnosis code 309.81 (post traumatic stress disorder). Carrier disputes post traumatic stress disorder as not related to W/C Injury.
3. The Carrier included with their position statement a copy of a Contested Case Hearing dated 2/26/09. The decision rendered states that the Claimant did not sustain a compensable mental trauma injury on or about June 26, 2008. Because Claimant did not sustain a compensable injury on June 26, 2008, he did not have disability from July 8, 2008 through date of this hearing. The order states that the Carrier is not liable for benefits, and it is so ordered.
4. The Carrier also submitted a copy of the Appeals Panel decision dated May 26, 2009 regarding the matters in dispute and in response to a request for review by the Appeals Panel of the Hearing Officer's Decision and Order. The decision states that the Hearing Officer's Decision and Order signed on February 26, 2009 became final on the date listed at the top of the notice under the provisions of §410.169 or §410.204(c) of the Texas Labor Code.
5. 28 TAC Section 133.305 (b) states: "If a dispute regarding compensability, extent of injury, liability, or medical necessity exists for the same service for which there is a medical fee dispute, the disputes regarding compensability, extent of injury, liability, or medical necessity shall be resolved prior to the submission of a medical fee dispute for the same services in accordance with Labor Code §413.031 and §408.021." Section 133.307 (e) (3) (H) states: "the carrier has raised a dispute pertaining to compensability, extent of injury, or liability for the claim, the Division shall notify the parties of the review requirements pursuant to §124.2 of this title, and will dismiss the request until those disputes have been resolved by a final decision, inclusive of all appeals."
6. The Division concludes that this dispute was not filed in the form and manner prescribed under Rule 133.305 (b). As a result, the amount ordered is \$0.00.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Sec. §408.021, §413.011(a-d), §413.031, §413.0311, §410.169 and §410.204
 28 Texas Administrative Code Section 133.305, 133.307

PART VII: DIVISION DECISION

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code, Sec. §413.031, the Division has determined that the Requestor is entitled to \$0.00 reimbursement.

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|----------------------|--|----------|
| | | 12/21/09 |
| Authorized Signature | Medical Fee Dispute Resolution Officer | Date |

PART VIII: : YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division Rule 148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 Rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.